CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DUPLICATE RENEWAL NOTICE

DUE DATE: March 31, 2006

Please answer the questions below. If questions are not answered or a signature(s) is missing, the renewal will be returned.

Are you aware that you have a duty to report to the Board of Medical Practice, in writing, any information you have reason to believe indicates that a licensee is or may be medically incompetent, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of medicine, pursuant to 24 *Del. C.* Section 1731A? YES_____NO_____

I certify that this applicant will be employed by this facility and meets all the requirements for licensure specified in 24 *Del. C.* Section 1720(b) (1) through (b) (7), excluding (b)(3).

_____ _____ _____
Signature of Chief Administrative Officer Printed Name Date

I certify that I will be employed by this facility and meet all the requirements for licensure specified in 24 *Del. C.* Section 1720(b) (1) through (b) (7), excluding (b)(3). I also certify that I intend to limit myself solely to practice within the hospital or the performance of such medical duties outside of this hospital which may be assigned to me as part of my resident training program.

_____ _____ _____
Signature of Applicant Printed Name Date

NAME OF LICENSEE: (Please Print) _____

NAME OF INSTITUTION: _____

DEPARTMENT: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL: _____

DUE DATE: March 31, 2006

PROFESSION:
ACGME Training

AMOUNT DUE: $12.00 **LICENSE NUMBER: C7-**_____

LATE FEE: $6.00 (IF SUBMITTED AFTER 3/31/2006)

All sections must be completed. Incomplete forms will not be accepted. Make checks payable to the "State of Delaware."